

441—103.34(692A) Completion of risk assessment. All required risk assessments shall be conducted using the “Iowa Sex Offender Risk Assessment, Risk Assessment Guidelines and Commentary, and Risk Assessment Companion Guide” as adopted by the department of corrections and developed in consultation with the department of human services, the department of public safety, and the attorney general. These instruments are available upon request from the department of corrections.

The risk assessment score shall be determined following a review of appropriate documents which may include: presentence investigation report, court documents, clinical assessments, treatment records, polygraph reports, plethysmograph reports, employee records, school records, military records, child protection services records, victim’s reports, hospital reports, and self-reports.

The risk assessment shall be completed within 45 days before the juvenile’s release from custody or placement on probation, parole, or work release and following the completion or last day of participation in a treatment program unless it is impractical to do so as determined by the director of the risk assessment committee. The risk assessment may be completed 20 days or less before the juvenile’s release when the director of the risk assessment committee determines it is impractical to complete the risk assessment following the completion or last day of participation in a treatment program.

103.34(1) Use of risk assessment score. The division of criminal investigation shall use the risk assessment score to determine the level of risk that persons required to register under Iowa Code chapter 692A pose of reoffending. Each offender shall be classified as a low, moderate, or high risk to reoffend. The level of risk assigned to the offender is the basis for determining whether affirmative public notification (community notification) by a criminal or juvenile justice agency may take place as well as for determining the extent of the community notification. The department of public safety shall proceed with affirmative public notification as provided by statute based on the level of risk.

103.34(2) Notification of right to appeal. When the risk assessment committee has completed the risk assessment for a juvenile, the director of the risk assessment committee shall notify the juvenile of the finding and of the juvenile’s right to appeal by providing the juvenile a copy of the risk assessment and Form 470-3690, Notice of Sex Offender Risk Assessment Findings/Public Notification.

103.34(3) Delivery of notice. The director of the risk assessment committee shall give notice of the results of the assessment to the registrant by personal service before the juvenile’s release from custody or placement on probation, parole, or work release, unless it is impracticable to give notice. No additional notice is required. Notice is deemed provided if the registrant refuses delivery of the notice. The notice shall contain the following information:

- a. The result of the risk assessment;
- b. A description of the scope of affirmative public notification which may result from the risk assessment;
- c. An explanation of the juvenile’s right to appeal in accordance with procedures set forth in 441—Chapter 7;
- d. The allowable grounds for filing an appeal. The appeal request must allege one of the following:
 - (1) The risk assessment factors were not properly applied.
 - (2) The information relied upon to support the assessment findings is inaccurate.
 - (3) The assessment procedures were not correctly followed.

103.34(4) Appeal forms available. Form 470-0487, Appeal and Request for Hearing, shall be available to the juvenile from the superintendent’s office. To file an appeal, the juvenile may either complete Form 470-0487 or a written statement requesting to appeal. The juvenile may submit the form or statement to the Appeals Section, 5th Floor, Iowa Department of Human Services, 1305 E. Walnut, Des Moines, Iowa 50319-0114, to the superintendent or, in the superintendent’s absence, to the clinical director.